

10/511830

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS								RATE	FEE	] .	RATE	FEE
FOR 9			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	950
TOTAL CHARGEABLE CLAIMS			1/2 win	ius 20=	•		-	XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			<b>u</b> mi	nus 3 =	\			X43=		OR	X86=	88
MULTIPLE DEPENDENT CLAIM PRESENT					U-			-145=		OR	-290=	300
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
		(Column 1)		HIGH		1	1 1		400	ì		ADDI-
AMENDMENT A	-	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	•	Minus	東京市		=		X43= ·		OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
TOTAL										OB	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	<u> </u>
		(Column 1)		(Colur		(Column 3)	٦ -					
AMENDMENT B		CLAIMS REMAINING AFTER		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	10,1	=		XS 9=		OR	X\$18=	
	Incependent	•	Minus	***		=		X43=		OR.	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ļ [	+145=		OR.	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
_		CLAIMS	1	HIGH	EST		ľſ		ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>                                     </b>	X43=		ÖR	X86=	
[	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											<u> </u>
									OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL	
•	If the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE I	s less tha	n 20, enter 20.	. ,	ADDIT. FEE	•	1017	ADDIT. FEE	<u> </u>